DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor, if only one name is listed below, or an original, first and joint inventor, if plural names are listed below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND SYSTEM FOR REQUESTING PRICES FOR ELECTRONIC TRADING OF FINANCIAL INSTRUMENTS

APPLICATION NUMBER I hereby claim the benefit under T APPLICATIO 60/254	N NUMBER	FILIN	Yes Yes The mal application (s) lister G DATE BER 11, 2000	AIMED No No No
I hereby claim the benefit under T	itle 35, United States Code §119	(day, month, year) (e) of any United States provision	Yes Yes Yes Inal application(s) listed	AIMED No No No
		(day, month, year)	Yes □ Yes □	AIMED No No No
APPLICATION NUMBER	COUNTRY		Yes 🗆	AIMED No □
APPLICATION NUMBER	COUNTRY		-	AIMED
APPLICATION NUMBER	COUNTRY		PRIORITY CL.	
: 1		<u> </u>		HON
EARLIEST FOREIGN AP	PLICATION(S), IF ANY, FILEI	PRIOR TO THE FILING DAT	E OF THE APPLICA	TYON
athe application on which priority is				
of America, listed below, and have international application on this in	e also identified below any foreig	gn application for patent or inven	tor's certificate, or any	PCT
I hereby claim foreign priority ber Sinventor's certificate, or 365(a) of				
A acknowledge the duty to disclose	e information known to me to be	material to patentability as defin-	ed in Title 3/, C.F.R.	§1.56.
			1: T::1 27 C.D.D.	01.56
I hereby state that I have reviewed by any amendment referred to abo		he above-identified application,	including the claims, a	is amended
	,			1 1
was filed as PCT Internat (if applicable	tional Appln. No	on and was am	ended under PCT Arti	cle 19 on
with amendment(s) filed	on (if applicable)		1.1. 1. DOT	1 10
	tates on as Appln. Ser. N	(11 applicable)		
□ was filed in the United St				
□ was filed in the United St	cludes amendment(s) filed on	(if amplicable)		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Daniel A. Devito (32,125), Edward V. Filardi (25,757), David W. Hansen (38,910), Constance S. Huttner (35,903), Ronald S. Laurie (25,431), Robert B. Smith (28,538), Robert B. Beyers (46,552), Meir Y. Blonder (40,517), Ian R. Blum (42,336), John L. Dauer, Jr. (39,953), Jose Esteves (41,011), Michael D. Fabiano (44,675), Stacey J. Farmer (42,526), Di Jiang-Schuerger (44,806), Frederick D. Kim (38,513), Thomas R. Lane (42,718), Daniel J. Lin (47,750), Douglas R. Nemec (41,219), Guy Perry (46,194), Constance F. Ramos (47,883), Andrew F. Strobert (35,375), Todd J. Tiberi (37,455), Joseph Yang (41,387), and Matthew B. Zisk (45,257), all of Skadden, Arps, Slate, Meagher & Flom LLP, whose address is Four Times Square, New York, NY 10036.

Four Times Square New York, NY 10036 PTO Customer No. 26137 DIRECT TELEPHONE CALLS TO: ANDREW F. STROBERT 212-735-3272

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

, , , , , , , , , , , , , , , , , , , 		71			
1	FULL NAME OF INVENTOR	Last Name TARI	First Name MICHAEL	Middle Name J.	
	RESIDENCE AND CITIZENSHIP	City NEW YORK	State or Foreign Country NEW YORK	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	Street 431 WEST 44th ST. #3	City NEW YORK	State or Country NEW YORK	Zıp Code 10036
Signa	ture of Inventor	Date			
2	FULL NAME OF INVENTOR	Last Name TOGLIA	First Name ANGELO	Mıddle Name M.	
	RESIDENCE AND CITIZENSHIP	City COS COB	State or Foreign Country CONNECTICUT	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	Street 28 A BUTLER STREET	City COS COB	State or Country CONNECTICUT	Zip Code 06807
Signa	ture of Inventor	Date			
3	FULL NAME OF INVENTOR	Last Name DIAS	First Name CHRISTOPHER	Mıddle Name J.	
	RESIDENCE AND CITIZENSHIP	City BLOOMFIELD	State or Foreign Country NEW JERSEY	Country of Citizenship CANADA	
	POST OFFICE ADDRESS	Street 138 OVERLOOK TERRACE	City BLOOMFIELD	State or Country NEW JERSEY	Zıp Code 07003
Signa	ture of Inventor	Date			
4	FULL NAME OF INVENTOR	Last Name GAGNE	First Name DARIUS	Middle Name	
	RESIDENCE AND CITIZENSHIP	City NEW YORK	State or Foreign Country NEW YORK	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	Street 30 WEST 63 rd ST. #23L	City NEW YORK	State or Country NEW YORK	Zip Code 10023
Signature of Inventor				Date	

5	FULL NAME OF INVENTOR	Last Name HANDA	First Name MICHIYA	Mıddle Name	
	RESIDENCE AND CITIZENSHIP	City NEW YORK	State or Foreign Country NEW YORK	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	Street 121 EAST 12 th ST. #3C	City NEW YORK	State or Country NEW YORK	Zıp Code 10003
Signa	ture of Inventor	Date			
6	FULL NAME OF INVENTOR	Last Name CHRISS	First Name NEIL	Middle Name A.	
	RESIDENCE AND CITIZENSHIP	City NEW YORK	State or Foreign Country NEW YORK	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	Street 121 READE ST. #10B	City NEW YORK	State or Country NEW YORK	Zip Code 10013
Signa	ature of Inventor		Date		
7	FULL NAME OF INVENTOR	Last Name LARSEN	First Name JEFFREY	Middle Name R.	
	RESIDENCE AND CITIZENSHIP	City GREENWICH	State or Foreign Country CONNECTICUT	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	Street 5 LAUDER WAY	City GREENWICH	State or Country CONNECTICUT	Zip Cod 06830
Signa	ature of Inventor	Date			
8	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name	
	RESIDENCE AND CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Street	Cıty	State or Country	Zip Cod
Sign	ature of Inventor			Date	